

ASSISTED LIVING INTERPRETIVE GUIDELINES

Rule Standard

Survey Guidelines

270-3(2)(a)- Assessment documentation	See Sample Assessment form. Each form should be department approved.
270-3(2)(b) Activities of Daily Living	When assessing the residents ability to perform ADL's surveyors will observe and interview staff regarding each ADL and the level of assistance: I= Independent – requires no assistance V=Verbal prompts S=Shadowing H=Hand over hand D=Does not complete task without total assistance (Significant assistance required)
270-6(1)(f) Administrator Qualifications – shall have completed a national certification program within 6 months.	Approved courses include: ALFA certification – 4 courses AHCA certification – 2 or 3 day course Health Facility Administrator License Health Administrator Certificate AHA Hospital Administrator Certification
270-7(2)(e) Review at least quarterly every injury, accident incident to a resident or employee	DOH has a sample form which includes a space for action and response and documentation of corrective action. Evaluate for documentation of action.
270-7(f) Maintain log indicating significant change in a residents condition and the facility's action and response	Ensure that the log documents the change and the action and response of the staff at the facility
270-7(2)(I) Notify the resident's responsible person within 24 hours of significant changes or deterioration	Surveyors will look at documentation of changes, (e.g. falls, seizure, acute illness...) and will check the record for documentation of notification or attempt to notify the responsible party, where available.
270-7.(2)(j) conduct and document regular inspections of the facility	Surveyors will evaluate the physical environment of the facility – if there are deficiencies noted (e.g. light bulbs burned out, storage above 18 inches in closets) they will request the documentation that the administrator has been documenting the inspection of the facility. "Regular" inspections are considered to be monthly.
270-7(3) Administrator's responsibilities shall be in a written and signed job description on file at the facility.	Surveyor will examine signed document.
270-8 Personnel	A sample of personnel files will be requested and reviewed – criminal background screening documents, certifications, orientation documentation for new employees, documentation of in-service training to include topic, date, outline of content to the requirements in (9)(a) through (j). Certified Nurse Aides must be certified prior to the four month anniversary of hire.

270-8(12) Employee Health Evaluation	The Department will provide a template for use, or the facility may use their own evaluation form to meet (a) and (b), The facility shall develop an employee immunization schedule, e.g. CDC Recommends standing orders for influenza, pneumococcal vaccinations, hepatitis B vaccine, diphtheria, & tetanus for employees.
270-9 Resident Rights	The administrator shall give the resident a written description of the legal rights upon admission and a resident rights statement. If the facility develops “rules governing conduct in the facility that must be provided in writing at the time of admission.” Information must include that a complaint may be filed with the state long term care ombudsman and any advocacy group, including the state licensing agency
270-10(iv) require and receive intermittent care or treatment in the facility from a licensed health care professional	“Intermittent care or treatment” is not considered to be ongoing skilled nursing treatment.
270-9(5)(p) The right to leave the facility and not be locked into any room	AL-II residents must have an assessment which identifies: -need for restricted unit for supervision (this prohibits under filling the bed with a person who does not need a secure unit) -secured unit must have local fire jurisdiction approval in writing. Documentation must be available on-site for Dept. review. The unit must be staffed 24 hours per day.
270-10(2)(iii) AL-1 residents may only be admitted to a facility with no assistance or limited assistance	If the resident requires significant assistance with ADL’s, it must be no more than two ADLs upon admission.
270-10(5) shall not admit or retain a person who (a) manifests behavior that is suicidal, sexually or socially inappropriate	Poses a danger to himself ...wander risk, dementia, without cognition of danger. Observation during a fire drill whether the residents can be directed to a safe environment etc...
270-10-(5)(c) “long-term nursing care”	Surveyors will observe that skilled nursing services do not exceed 60 calendar days.
270-10(6)(a) “significant assistance during night sleeping hours	Residents may be incontinent, however sufficient numbers of staff must be present to check attends at least every two hours, only routine visual supervision is required to ensure safe environment
270-10(6)(b) “able to take life saving action in an emergency without the assistance	Surveyors will be observing that physical assistance is not required and each resident is able to make continual progress to the evacuation location.. Verbal prompting may be offered.
270-10(6)(c) “do not require significant assistance from staff or others with more than two ADL’s	“Others” will include family members, volunteers, home health aides, etc. In AL-1 – “significant assistance” is not required if the resident is able to take the medication and swallow. When 3 ADL’s require significant assist, discharge.
270-10(7) AL II’s may accept or retain a resident who require significant assist with more than two ADLs ..	The resident shall not be “dependent”. The resident may be able to transfer with the assist of one person. The facility may admit a person who is independent or requires assist with one or two ADL’s.

270-10(8) Written admission agreement	The resident's record shall be reviewed for the signed copy of the admission agreement. All components shall be included. Refund provisions must be included.
270-8(b) provision of 30-day notice prior to any change in established charges	Many of the AL's have unbundled the charges and there is a list of extras. When the resident's level of care needs change the facility must tell the resident and responsible party of the increase 30-days prior to imposing the new charge.
270-11(1)(a) "Because the resident poses a threat to health or safety to self or others, or the facility is not able to provide required medical treatment.	Sample files to ensure appropriate discharge, transfer and eviction notices where served to resident and responsible party, this would include if the resident was assaulting staff or other residents.
270-11(2) Serve a transfer or discharge notice	Evaluate the document to ensure all components of (a) through (g) are included, which includes the right to request a conference.
270-12(2) A signed and dated resident assessment shall be completed on each resident prior to admission and at least every six months thereafter.	Assessment forms may be updated for 6 month assessments, but should be signed and dated each time. All changes should be noted each time an assessment is done, i.e. vital signs. If the form becomes too cluttered with changes, new forms should be used to avoid confusion.
270-12(5) Resident assessment form that is approved and reviewed by the Department	The Department will provide a template for facilities to use or will review submitted assessments for approval
270-13(1) Individualized service plan	One of the most important documents which instruct the staff regarding the care needs of the resident. A sample of service plans will be compared to the actual delivery of services. Make sure that service plan has documented date of review and revisions.
270-13(3) Service plan must be prepared by the administrator or a designated facility service coordinator	The service plan may also be prepared by the registered nurse who has completed the assessment, however, the staff must be trained to implement the plan.
270-13(4) Service plan shall include a written description of (a) through (e)	The Service plan must be current. It needs to be integrated with services provided from Home Health, Hospice, Family and volunteers.
270-14. Service Coordinator	Surveyor will interview the Service Coordinator to assess knowledge, skills and ability to teach others about the implementation of the plans. Review the job description and policy for Service Coordination. Observe and interview staff on the service plan implementation. Document on the form that the resident or responsible party has participated in the formulation of the plan.
270-15(1) Written policies and procedures defining the level of nursing services provided by the facility.	Each facility should develop specific definitions of care by nurses, including services not provided.
270-15(2) AL-Is who have residents who are unable to self medicate must have a RN employee or contract to provide or delegate.	Surveyors will observe medication pass to document the level of assistance provided, and resident's awareness to his/her medication regime. Evaluate the delegation training provided through interview with the RN.

270-15(3) AL-II must employ or contract with RN to provide or supervise nursing services.	CNAs may under the direction of RN take vital signs, weights, etc. , which is considered “general” health monitoring.
270-15(3)(c) routine nursing tasks, including those that may be delegated to unlicensed assisting personnel in accordance with the Utah Nurse Practice Act.	Sliding scale insulin and injectable medications may not be delegated to unlicensed personnel.
270-15(5) Type I and II shall not provide skilled nursing care but must assist the resident in obtaining required services.	Skilled nursing services may be provided for up to 60 days in the event of an acute illness or recovery. The resident assessment shall document the day of onset and conclusion of care. Skilled services shall not be provided by home health for over 60-days and nurses shall not provide the following care: Stage 3 and 4 decubitis care, Diabetic care which requires a sliding scale, G-tube and feeding tube, trach care. Refer resident for discharge. Variances may be considered on an individual basis.
270-15(6) At least one certified nurse aide must be on duty in a Type II facility 24 hours per day.	If the facility has an LPN, the intent of the rule is met. The facility must have a “certified aide” not an aide who is in training on duty. If there is a secure unit, there must be an aide with dementia/Alzheimer’s training in the unit.
270-16(1) Type II with approved secure unit may admit residents with a diagnosis of Alzheimer’s/dementia if the resident is able to exit the facility with limited assistance from one person.	This rule prohibits a person from being “dragged, pushed, pulled, etc, but suggests a leading by one hand to the available exit and continual progression to the evacuation location. A resident who is resistant to being directed needs to be evaluated for appropriateness.
270-16(2)(a) The secure unit admission agreement must document a Department approved wander risk management agreement has been negotiated with the resident or resident’s responsible person.	Document will be reviewed at the survey and Department shall provide a template or review and approve all facilities who have secure units. Secure units must have access to day space (dining and lounge area).
270-16(3) There shall be at least one staff with documented training in Alzheimer’s/dementia care in the secure unit at all times	This does not mean a closed circuit TV system, but a trained staff 24 hours per day.
270-16(4) Each secure unit must have an emergency evacuation plan that addresses how staff evacuate residents	Document is posted in the secure unit showing evacuation route, the plan is part of the facilities overall disaster plan. It may include how other facility staff assist in the emergency to protect the residents.
270-18(1) Residents shall be encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreation programs.	An array of programs is available to the residents. Secure units must have an activity program throughout the day which is appropriate to the needs of the dementia residents.
270-18(2) Facility shall provide opportunities for the following (a) through (d)	Surveyors will interview residents for likes and dislikes of the array of activities and observe staff interaction during an activity to see the encouragement offered for independent living.
270-18(3) Administrator shall designate an activity coordinator to direct the program	Surveyor will review the appointment and training that the activity coordinator has for coordination, planning and implementing an activity program.

270-18(3)(c) Develop and post monthly calendar, including information on community activities based on residents needs and interest.	The activity calendar is current for the Month and includes community activities. Interview of residents revealed their interests are reflected in planned monthly activities.
270-19(2)(c) Family members or a designated responsible person may administer medications from a package set up by a licensed practitioner or pharmacist...	If the family chooses to administer the medications, then they must take total responsibility for the administration. They may not administer some of the time while the facility or other staff administer other times.
270-19(2)(d) (i) If a licensed health care professional delegates the task of medication administration...	See Appendix for delegation practice. Interview with licensed health care professional on evaluating and teaching of unlicensed personnel for medication administration, including documentation, medication adverse events, etc.
270-19(3) the facility must have a licensed health care professional or licensed pharmacist review all medications every 6 months.	A sample of medication reports shall be reviewed for documentation of review.
270-19(5) Each facility must have a licensed health care professional or licensed pharmacist document any change in the dosage or schedule of medication in the medication record.	If a licensed health care professional is not available to make changes to the resident MAR, then any staff can document the change and immediately notify the health care professional. Survey enforcement will allow for 72 hours to have the change co-signed by a licensed health care professional. A pharmacy label that accompanies a change to the MAR will meet the intent of this rule.
270-19(6) Each resident's MAR must contain a list of possible reactions and precautions for prescribed medications.	The facility will be allowed to have a current drug reference book available on site to meet this rule. If lists are provided individually, they may be kept in another location other than the MAR.
270-19(9)(c) Facility shall develop and implement policies for the security and disposal of narcotics.	See Appendix for sample policy.
270-21(1) The facility must maintain accurate and complete records. Records shall be filed, stored safely and be easily accessible to staff and the Dept.	The records shall be available for all staff to access 24 hours per day. If they are locked in a secure area, the key must be available for access in case of emergency.
270-21(5) Resident records must be retained for at least 3 years following discharge.	The facility may archive the records off-site; however, they must be readily available within 3 working days for Dept. review.
270-22(1)(ii) Facility shall ensure food is palatable, attractively served, and delivered to the resident at the appropriate temperature.	Surveyor will take food temperature and interview residents for food likes, dislikes, etc. Observe meal being served.
270-22(3) A different menu shall be planned and followed for each day of the week.	The current menu may be purchased from an approved source. Many of the retail menus may be designed for a specific cultural area and will need to be carefully reviewed for the specific likes and dislikes of the resident population. Menus should not be substituted or altered frequently.
270-22(10) If food service personnel also work in housekeeping or provide direct services the facility must develop and implement employee hygiene and infection control measures to maintain a safe and sanitary food service.	The intent of the rule was to apply to small AL facilities. The Local Health Dept. may have an exception to this rule.

270-23(2)(a) Post routine laundry, maintenance and cleaning schedules for housekeeping staff.	Surveyors will review posted schedule and observe for compliance. Surveyors will look for outcomes in housekeeping and cleanliness.
270-23(5) All cleaning agents, bleaches, insecticides, or poisonous, dangerous, flammable materials shall be stored in locked area to prevent unauthorized access.	Secure all items out of reach or secure in a locked area – this may include child safety locks. Soaps such as hand soap, shampoo, and laundry detergents, will not be required to be secured. Bleach is considered a toxic item and must be secured.
270-24. Facility shall provide laundry services to meet the needs of the residents, including sufficient linen supply.	If the facility allows residents to bring in linens, they are still required to have sufficient linen supply to change bedding in case of unexpected accidents.
270-25(1)(a) Fire rated construction and assemblies must be maintained in accordance with R710-3.	This rule will be cited if fire extinguishers are not tagged current, sprinkler head clean without corrosion, etc.
270-25(1)(d) Air filters installed in heating, ventilation, and air conditioning systems must be inspected, cleaned and replaced according to manufacturer specifications.	Surveyor will review the maintenance schedule to ensure filters are included in routine inspection and maintenance.
270-25(4) Hot water temperature controls shall automatically regulate temperatures of hot water delivered to “plumbing fixtures used by residents”. Hot water shall be maintained between 105 and 120 degrees Fahrenheit.	Resident care areas are considered the living unit, bedroom, bathroom and common areas. Public area would be considered common areas and bathrooms. Surveyors will cite a Class II deficiency starting at 123 degrees, and will cite a Class I deficiency starting at 125 degrees.
270-26(2) (a) Emergencies and disasters include fire, severe weather, missing residents, death of a resident, interruption of public utilities, explosion....	Surveyors will review the disaster drill documentation and interview staff to ensure all staff knows what to do in the case of a missing resident or death of a resident.
270-26(7) The facility shall provide in-house all equipment and supplies in an emergency....	Evaluate that there is a 72-hour emergency kit for each resident, including water and medications. Emergency heating equipment shall be approved the local fire authority.
270-26(8) The following information shall be posted in prominent locations....	Post information on each floor or wing of multiple level or wing facilities. Surveyor will observe for document posting.
270-28(9) Pets are not permitted in central food preparation, storage, or dining areas or in any area where the presence creates a significant health or safety risk.	Intent is to permit a variance if fish aquariums, birds etc. are in dining areas. All residents and parties should be apprised of all pets in the facility due to some allergies for individuals.
270-29(3) Respite services may be provided on an hourly rate, shall not exceed 14 calendar days.	The intent of this rule is not to allow additional residents to come to the facility in lieu of obtaining an adult day care facility license from DHS. The facility is prohibited from exceeding the license capacity and shall staff appropriately to meet the scheduled and unscheduled needs of the residents.
270-29(7) Policies and procedures shall be approved by the Department	If respite services are provided, the Department shall review and approve and submit documentation to DHS, Division of Aging and Adult services for their information and referral to inquiring seniors.

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